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Case Report

Effective management of *indralupta* (alopecia areata) through Ayurveda: a case study

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ABSTRACT

Alopecia areata (AA) is an autoimmune condition that causes round bald patches, usually on areas of the body where hair normally grows most commonly on the scalp. In Ayurveda, this condition is compared to indralupta. According to ayurvedic understanding, indralupta is caused by an imbalance of the three doshas (Vata, Pitta and Kapha) along with Rakta (blood). This is a case study of 28 years old male patient came to OPD having complaints of bald patches over scalp region for 6 months. Patient was diagnosed with indralupta and managed by Samana therapy. Treatment for 4 months along with the diet regimen mentioned in ayurvedic text was followed. The patient got speedy recovery with remarkable regrowth of scalp hair within 4 months of treatment. Classical indralupta chikitsa mentioned in ayurvedic classics is effective in the management of alopecia areata.

Keywords: Alopecia areata, Case study, Hair loss, Indralupta

INTRODUCTION

Alopecia areata is an autoimmune disease that presents as, well demarcated patches of non-scarring hair loss. The exact pathogenesis of the disease remains unknown however autoimmune, genetic and environmental factors have been implicated. Alopecia areata occurs in populations worldwide. The classic presentation of alopecia areata involves isolated, smooth, sudden, nonscarring and patchy hair loss on the scalp or any area with hair growth.[1] The various treatment modalities used can be classified into topical and systemic therapies. The topical therapy includes intralesional corticosteroids, minoxidil, anthralin have been used with limited success. In Ayurveda, this condition can be correlated with Indralupta comes under Raktapradoshaja Vikara.[2] Characterized by loss of hair and has been mentioned under Kshudraroga by Acharya Sushruta.[3] Vagbhata has explained the cause for indralupta is Vata and Pitta, which causes hair to fall off, while Kapha, along with Rakta, obstructs the hair follicles.[4] In contemporary science, treatments are limited. Ayurveda has great potential to treat indralupta. We hereby aimed to review the clinical presentation, outcomes and management of indralupta (~alopecia areata) case diagnosed in our OPD.

CASE REPORT

Patient information

A 28-year-old male presented to the outpatient department (OPD) on June 18, 2024 was apparently asymptomatic 6 months back when he suddenly noticed hair fall from the occipital region, which was associated with itching and premature greying of hair. Over the following months, the area of hair loss gradually increased in diameter, indicating a progressive nature of the condition. There was no any symptoms of inflammation such as redness, pain, or

scaling in the affected region and no any aggravating or relieving factors noted. The patient had undergone allopathic treatment for approximately 1 year undergone intralesional injection of kenacort 40 mg twice weekly for 1 month, there was no noticeable improvement, and the patches continued to spread, leading him to seek Ayurvedic treatment.

Scalp examination revealed patchy, round, non-scarring areas of hair loss predominantly involving the scalp, distributed in an asymmetrical pattern. The scalp hair was black in color with few grey hairs and dandruff was present over the affected areas. On trichoscopic evaluation, characteristic features such as black dots, exclamation-mark hairs and broken hairs were observed, supporting active disease. Jacquet's sign was negative, while the hair pull test was positive, indicating ongoing hair shedding. The severity of hair loss, as assessed by the SALT score, was 22%.

Clinical findings

On June 18, 2024, the patient visited the OPD with patchy hair loss on the occipital region, with SALT score of 22%. The hair pull test was positive and the trichoscopy revealed black dots, open pores and broken hair, indicative of AA.

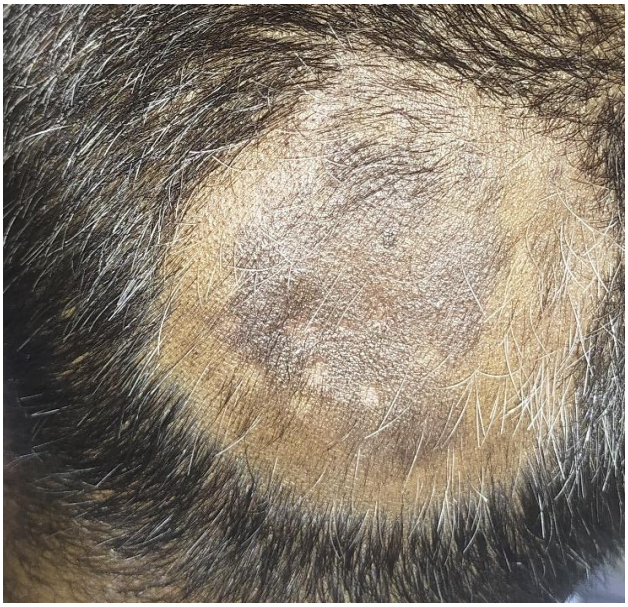

Figure 1: Before treatment on June 18, 2024.

He reported no history of prior medical conditions or any chronic illnesses. There is a positive family history, as the patient's brother is also suffering from similar complaints of patchy hair loss. Ashtavidha Pariksha (~eightfold examination of the patient). On examination, his Nadi (~pulse) was 72 BPM, Mala (~bowel habit) was twice a day, Nirama, Mutra (~urine) frequency was five to six times/day, Jihva-(~tongue) was Nirama (~uncoated), Shabda (~sound/voice) was normal, Sparsha (~tactile sensation) was Samasheetoshna (~not cold neither hot), Drik (~vision) was Prakrita (~normal), Akriti (~body stature) was Madhyama (~medium).

Figure 2: During treatment on August 15, 2024.

Figure 3: After treatment on September 13, 2024.

Dashavidha Pariksha (~tenfold examination of the patient) The Prakriti (~somatic constitution) was Vata-Pitta, Vikriti (~morbidity) was Madhyama, Sara (~excellence of tissue elements), Samhanana (~compactness of tissue or organs), Pramana (~anthropometry), Satmya (~homologation) were Madhyama (~medium), Satva (~psyche) was Pravara, Ahara shakti (~capacity of intake food) was Madhyama, Vyayama shakti (~capacity to perform exercise) was Madhyama, and Vaya (~age) was Yuvavastha (~adolescent).

Diagnostic assessment

The diagnosis of indralupta (AA) was established based on characteristic clinical features, including sudden onset of patchy, round to oval areas of well-demarcated hair loss localized to the occipital region of the scalp. Trichoscopy further supported the diagnosis (Figure 4).

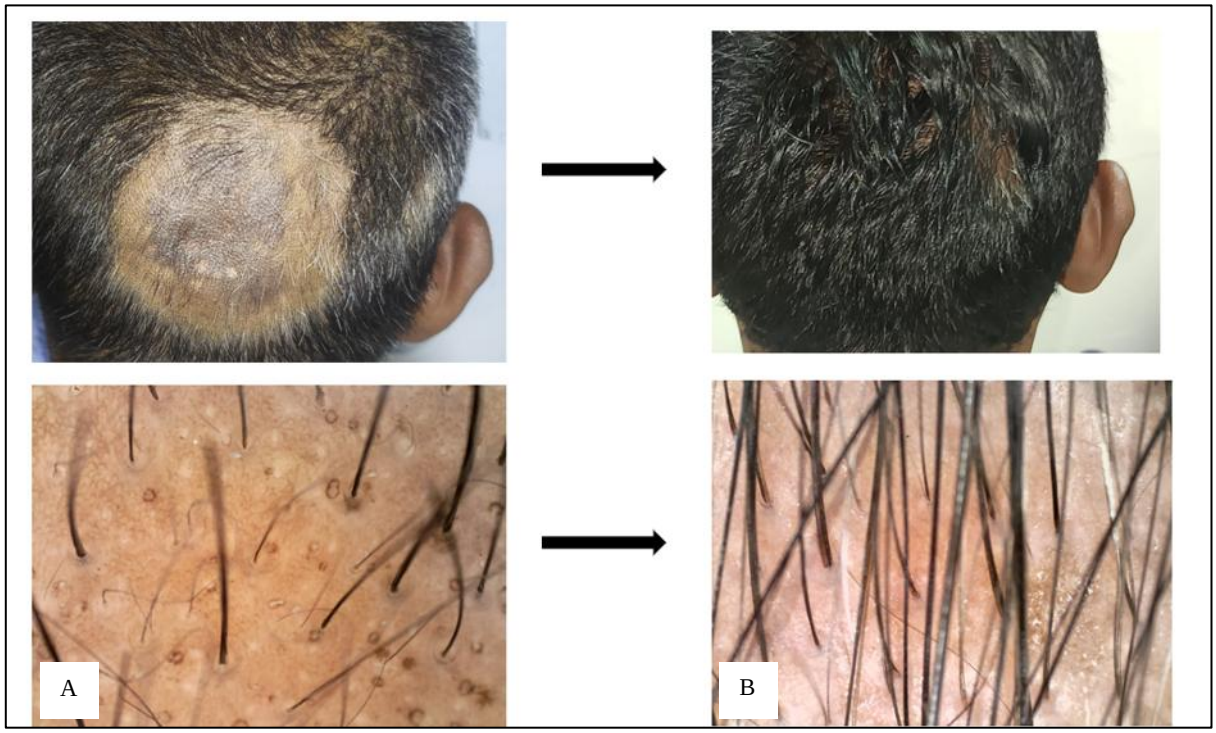

Figure 4: (A) baseline trichoscopic photograph showing yellow dots, black dots, broken hair in the centre of the patch and (B) at 16 weeks trichoscopy showing regrowth with numerous pigmented hair and complete disappearance of broken hair, black dots and tapering hair.

Therapeutic interventions

Details of medications prescribed to the patient have been depicted in table 1.

Table 1: Ayurvedic medication.

Formulations	Dose and frequency	Duration
Bhringarajasava	15 ml BD daily after food	4 months
Raktha gunja beeja choorna+hibiscus+ tankana	Twice daily for 30 minutes	4 months
Kesha Ranjini oil	Twice daily after lepa application	4 months
Sindooradi lepa	Daily once for 30 minutes	4 months

Timeline

Timeline of patient from 1st visit to Final visit have been shown in table 2.

Follow-up and outcome

The patient came for 15-days follow-up visits, and the outcomes were monitored during weekly visits. findings reveal significant improvements in hair regrowth. During the course of treatment, gray hairs transformed to black and the scalp was fully covered with black hairs after four months of treatment. She was under follow-up for one year without any recurrence or any kind of unusual hair loss.

Table 2: Timeline of patient from 1st visit to last visit.

Date	Findings
Visit 1 18/06/2024	The patient had single patchy hair loss over the occipital region of scalp, the hair pull test was positive and the trichoscopy revealed black dots, open pores and broken hair, the SALT score was 22%
Visit 2 17/07/2024	Mild reduction in generalized hair loss, and new few greyish hairs appeared with improvement in dandruff
Visit 3 15/08/2024	Occurrence of new hair from the single hair follicle, suggesting normal growth.
Visit 4 13/9/2024	The scalp was almost covered with black hair and the SALT score reduced from 22% to 0%. The hair shaft thickened and length increased continuously and no new patch occurred

DISCUSSION

This case highlights the successful Ayurvedic management of AA using a holistic treatment approach combining internal Rasayana medications, and external herbal applications. The strength of this case lies in its

integrative strategy that addresses the root causes from an ayurvedic perspective, emphasizing dosha balance, improved circulation and tissue rejuvenation. Bhringarajasava (internal administration). Bhringarajasava was administered to provide systemic nourishment and correct the metabolic fire (Agni). As a fermented preparation (Asava), it possesses Teekshna (penetrating) qualities that allow the drug to reach deep into the dhatus.[5]

Bhringaraja (Eclipta alba) is the primary ingredient and acts as a Keshya and Rasayana (hair rejuvenator).[6] It corrects the Jatharagni (digestive fire) and Dhatvagni, ensuring proper formation of Asthi Dhatu (bone tissue), of which Kesha (hair) is considered a Mala (byproduct). Eclipta alba extract initiates the anagen (growth) phase in hair follicles and significantly reduces the telogen (resting) phase.[7] Raktha Gunja (Abrus precatorius. Linn) Gunja is classified under Upavisha (semi-poisonous drugs) and is a specific remedy for indralupta due to its Keshya and Kapha-Vata pacifying properties.[8]

Externally, it acts as an agent that irritates the skin to cause dilation of capillaries and increased blood circulation. Seed extracts inhibit the 5-alpha-reductase enzyme which effectively reverse hair loss.[9] Hibiscus (Hibiscus rosasinensis): The leaf extracts of Hibiscus stimulate hair growth and are potent promoters of hair follicle proliferation.[10] Tankana (Borax): Tankana possesses Kshara (alkaline) and Lekhana (scraping) properties. It effectively removes the Kapha-Rakta obstruction at the follicular mouth, clearing the path for new hair growth.[11]

Sindooradi Lepa (external application) Sindooradi Lepa is a classical herbo-mineral formulation. It contains Sindura (Red lead), Rasa Karpura (Mercurial compound) and Madhucchishta (Beeswax), capable of penetrating deep into the Twak (skin) and Rakta layers to resolve deep-seated inflammation and infection. These ingredients possess potent anti-inflammatory and antimicrobial properties.[12] Kesha Ranjini Oil (external application), Kesha Ranjini oil was applied to soothe the scalp and promote blackening of hair. The major ingredients such as Neeli (Indigofera tinctoria), Bhringaraja and Amla in a coconut or sesame base.[13] The Brimhana (nourishing), Ropana (healing) function and Kesha Ranjana (pigment promoting) prevents the scalp from becoming excessively dry or damaged due to the irritant action of Gunja. And also prevents the new hair from growing back white or grey a common occurrence in recovering Alopecia patches.

CONCLUSION

The management of indralupta (Alopecia areata) in this case focused on removing the obstruction at the hair follicle (Romakoopa) caused by vitiated Kapha and Rakta and subsequently nourishing the hair roots to stimulate regrowth. The multi-modal approach utilized internal Rasayana therapy and external lepa (applications) to break the pathogenesis (Samprapti) at both systemic and local levels. This case is unique as the regrowth of hair occurred in a short duration through Ayurvedic treatment. Without any adverse effects, disease was managed with cost-effective therapy.

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